

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 554239

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		2				
15		2				
16		2				
17		2				
18		①				
19		/				
20		/				
21		/				
22		/				
23		/				
24		3				
25		3				
26		①				
27		/				
28		2				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		3				
37		①				
38		2				
39		2				
40		①				
41		/				
42		/				
43		/				
44		2				
45		/				
46		/				
47		①				
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53				/		
54				/		
55				/		
56				/		
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89				/		
90				/		
91				/		
92				/		
93				/		
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						